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## \*BIBDATASHEET\*

CONFIRMATION NO. 6817

Bib Data Sheet

|  |   |                                    |  |                                    |
|--|---|------------------------------------|--|------------------------------------|
| SERIAL NUMBER<br>10/695,392  | FILED DATE<br>10/29/2003<br><br>RULE  | CLASS<br>606                       | GROUP ART UNIT<br>3732   | ATTORNEY<br>DOCKET NO.<br>8932-819 |
| <b>APPLICANTS</b><br><br>Robert Frigg, Bettlach, SWITZERLAND;  |   |                                    |  |                                    |
| <b>CONTINUING DATA</b> .....<br>This application is a CON of 09/994,050 11/27/2001 PAT 6,669,701<br>which is a CON of PCT/CH00/00037 01/27/2000<br><i>DE CCS</i>   |   |                                    |  |                                    |
| <b>FOREIGN APPLICATIONS</b> .....<br><i>none CCS</i>   |   |                                    |  |                                    |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 08/17/2004   |   |                                    |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (b-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Material<br>Verified and <i>CS</i><br>Acknowledged <i>CS</i><br>Examiner's Signature Initials |   | STATE OR<br>COUNTRY<br>SWITZERLAND | SHEETS<br>DRAWING<br>4   | TOTAL<br>CLAIMS<br>63              |
|  |   |                                    | INDEPENDENT<br>CLAIMS<br>3   |                                    |
| <b>ADDRESS</b><br>20582<br>JONES DAY<br>51 Louisiana Avenue, N.W<br>WASHINGTON, DC<br>20001-2113   |   |                                    |  |                                    |
| <b>TITLE</b><br>Bone plate   |   |                                    |  |                                    |
| FILING FEE<br><br>RECEIVED<br>1544   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue) |                                    |